

Falkirk District Credit Union
Head Office
4 Station Road
Grangemouth
FK3 8DG
Tel: 01324 473695

OFFICE USE ONLY

Membership no:

I confirm I have ensured this form has been completed correctly and seen all supporting evidence.

SIGNED:

DATE:

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Surname: (Mr/Mrs/Miss/Ms)

All Forenames:

Home Address:

.....

.....

Post Code:

Email address:

Date of Birth: N.I.no:

Tel: (Home) Mobile:

NOMINATION OF BENEFICIARY

I hereby nominate the person named below as my beneficiary; to receive such money in the Credit Union as may be mine at my death and a death grant, in accordance with the Credit Union's Death Grant Policy.

Name:

Address:

.....

D.O.B

Relationship to member

Signature (Member):

Signature (Witness):

The Witness must not be the Nominee

How did you hear about the Credit Union?

.....

PROOF OF IDENTITY

FDCU has a statutory duty to confirm the identity and address of all applicants. Please provide 2 items to verify your application. One must be from each section.

Item 1

- Current passport
- Photo driving licence
- EU Member State ID Card
- Armed Forces ID card
- Police Warrant Card
- Inland Revenue Tax Notification

Item 2 (within 3 months)

- Bank/Building Society Statement
- Tenancy Agreement
- Inland Revenue Document
- Utility Bill
- Council Tax Bill

DECLARATION

I understand that a non-refundable joining fee of £2.00 and an annual membership fee of £5.00 will be deducted to cover administration costs.

To qualify for the credit union's free life insurance it is a requirement that, at the time of joining, the member is in good health and not known to be suffering from a terminal illness.

I consent to receive information from Falkirk District Credit Union **YES**

Signature: Date: